

FIG. 1

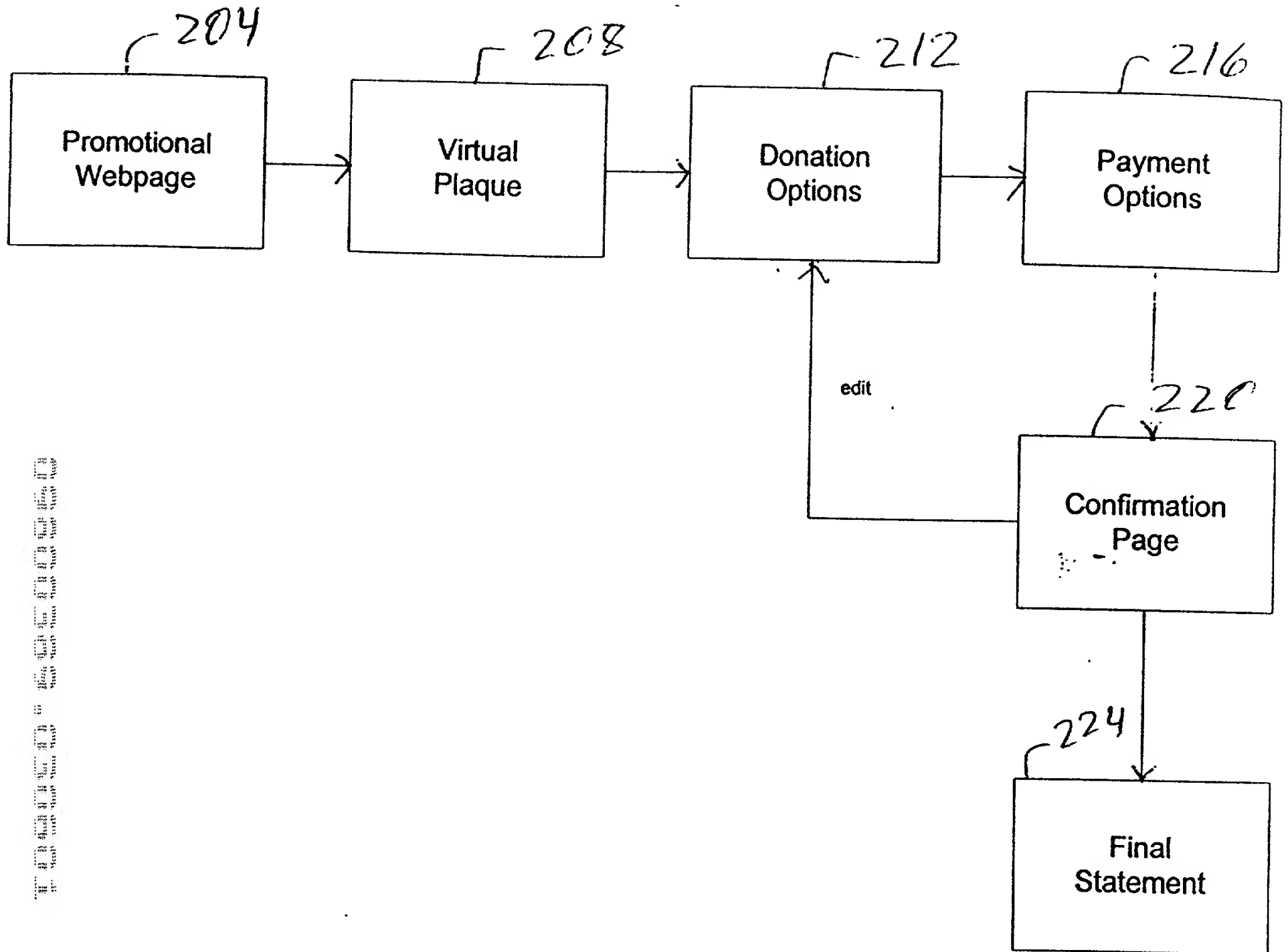


FIG. 2

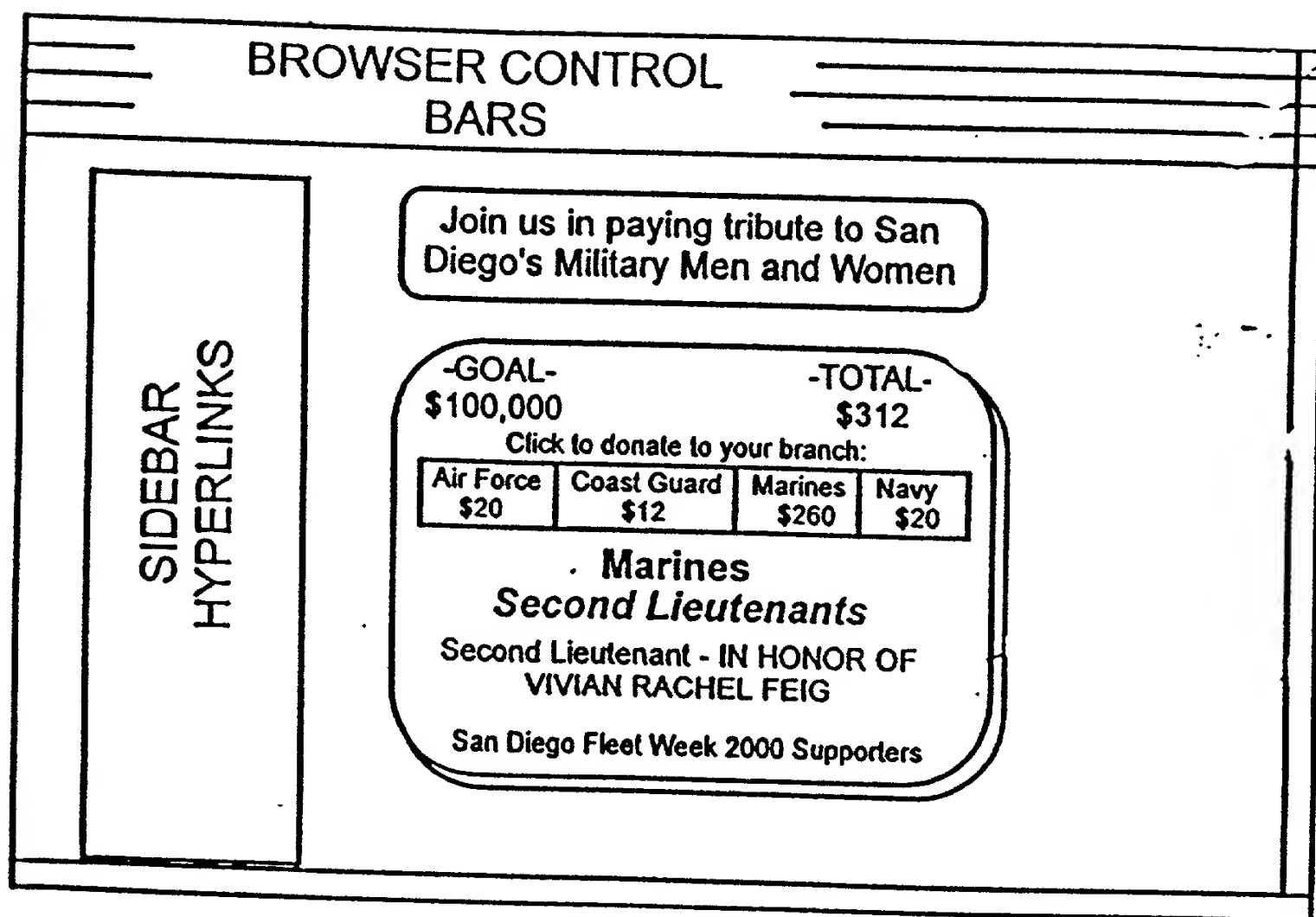


FIG. 3

# San Diego Fleet Week 2000 Supporters (Coast Guard)



\*\*\*\*  *Admirals*  
(\$5,000 min.)

Your name here.



 *Captains*  
(\$1,000 min.)

Your name here.



 *Commanders*  
(\$250 min.)

Your name here.



 *Lieutenants*  
(\$100 min.)

Your name here.



 *Ensigns*  
(\$10 min.)  
• RAPHAEL SONSINO



FIG. 4

**JOIN THE RANKS**

Air Force	\$ <input type="text" value="1000"/>
Coast Guard	\$ <input type="text" value="0"/>
Marines	\$ <input type="text" value="0"/>
Navy	\$ <input type="text" value="0"/>

Total Donation \$

FIG. 5

Please choose from one of the following payment options:

### Bill By Credit Card

First Name	<input type="text"/>
Last Name	<input type="text"/>
Credit Card Type	<input type="text" value="Select"/>
Credit Card Number	<input type="text"/>
Expiration	<input type="text"/> / <input type="text"/>
Billing Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text" value="Select"/>
Zip Code	<input type="text"/>
Country	<input type="text" value="USA"/>
Email Address	<input type="text"/>

[Click Here to Bill](#)

### Bill By Mail

First Name	<input type="text"/>
Last Name	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text" value="Select"/>
Zip Code	<input type="text"/>
Country	<input type="text" value="USA"/>
Email Address	<input type="text"/>

[Click Here to Bill](#)

FIG. 6

## PLEASE CONFIRM YOUR PAYMENT

You have selected the following donations:

1) Air Force	\$1000
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Total Payment	\$1000
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Payment method: Bill By Mail

[CONFIRM/EDIT](#)

FIG. 7

FIG. 8

